

**JAMES MADISON UNIVERSITY  
HEALTH CENTER**

**ALLERGY CLINIC CONTRACT**

- 1) You will provide your own allergy serum, and your provider must complete the JMU Health Center Allergen Immunotherapy Order Form. No injections will be given until form completion.
- 2) You will be notified when the allergen is low. The Health Center can reorder serum. You will be responsible for mailing costs, referrals needed and contacting the allergist for delivery method.
- 3) You will be responsible for keeping all injection appointments. If you miss multiple appointments, we may no longer be able to administer your immunotherapy regimen in accordance with your allergist's guidelines. There is a \$25 fee for any missed or late appointments.
- 4) You will be required to pay the designated fee at each visit and is non-refundable.
- 5) You will be responsible for keeping the Allergy Clinic staff updated of any changes in address, phone number, health conditions, or allergy information.
- 6) You will need to wait at the Health Center 30 minutes after your injection(s).
- 7) All allergy vials/records need to be at The University Health Center at least 24 hours prior to receiving injections.

My signature states that I have read and understand the above requirements required for my participation in the James Madison University Health Center Allergy Clinic. I hereby release James Madison University Health Center and its staff from any liability that might result in complications resulting from any allergy injection, treatment or from any pre-existing illnesses or injuries. I understand that my participation in this clinic is conditional upon my cooperation with the above conditions and that non-compliance may result in dismissal from this program.

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**Student Signature**

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**Date**